

WINWICK HOSPITAL
...
WARRINGTON



REPORT

FOR THE TWO YEARS

1948 AND 1949



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WINWICK HOSPITAL, WARRINGTON

**Report for the
two years 1948
and 1949**

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1948-49

WINWICK & NEWCHURCH HOSPITAL MANAGEMENT COMMITTEE

WINWICK HOSPITAL

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Alderman D. PLINSTON, J.P., *Vice-Chairman*
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W. P. TAYLOR, Esq.

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C. R. HOYLE, F.H.A.

Supplies Officer and Assistant Secretary

E. FOX, A.H.A.

Chief Engineer and Maintenance Officer

J. A. COPELAND, M.I.MAR.E.

Gardens Superintendent

J. PATON

MEDICAL STAFF

FULL-TIME :

Psychiatrists. (Establishment 6)

J. ERNEST NICOLE, O.B.E., L.M.S.S.A., D.P.M.

(Medical Superintendent)

G. J. HARRISON, L.R.C.P.I., & L.M., L.R.C.S.I. &

(Deputy Medical Superintendent) L.M., D.P.M.

H. FLEMING, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

W. A. M. ROBINSON, M.B., Ch.B., D.P.M.

NORAH W. BROWN, M.B., B.Ch., B.A.O.

Registrars. (Establishment 6)

T. J. N. BATES, B.A., M.B., B.Ch., B.A.O., D.P.M. (Sen.)

J. MASON, L.M.S.S.A.

J. WHELEHAN, L.R.C.P. & S.I.

T. P. SMITH, M.R.C.S., L.R.C.P.

D. L. MOODY, L.R.C.P., L.R.C.S., L.R.F.P.S., Ph.C.

F. A. CAMPBELL, L.R.C.P. & S.I., L.A.H. (Junior)

Z. FINKLESTEIN, M.D. (WARSAW), (Junior)

House Physicians. (Establishment 4)

H. RUDOLPHER, M.D. (PRAGUE)

B. KOTOWICZ, M.D. (VILNA)

Vacant

Vacant

VISITING :

General Medicine

(b) D. M. I. FREEMAN, M.D., M.R.C.P.

General Surgery

(e) W. C. LATHAM, M.R.C.S., L.R.C.P.

Neuro-Surgery

(d) A. SUTCLIFFE KERR, F.R.C.S.

(d) R. H. HANNAH, F.R.C.S. (ED.)

Orthopaedic Surgery

P. B. MORONEY, M.Ch., F.R.C.S.

G. S. ROBINSON, M.Ch.

Urinary Surgery

R. DOYLE, F.R.C.S.

Gynaecological Surgery

C. E. B. RICKARDS, M.R.C.O.G.

C. M. MARSHALL, F.R.C.S.

Chest Surgery

B. J. BICKFORD, F.R.C.S.

Ophthalmic Surgery

(e) E. ALLAN, M.B., Ch.B.

Ear, Nose and Throat Surgery

(c) R. V. TRACY FORSTER, M.B., Ch.B., D.L.O.

Dental Surgery

(a) L. E. TRACY FORSTER, L.D.S.

Dermatology

(e) G. AUCKLAND, M.B., B.S., M.R.C.S., L.R.C.P.

Electro-encephalography

- (b) R. D. HOTSTON, M.R.C.P.

Tuberculosis

- (e) C. BERRY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Radiology

R. W. GEMMELL, M.D., D.P.H., D.M.R.E.

- (b) A. M. FRAZER, M.R.C.S., L.R.C.P., M.RAD.,
M.D.R.D.

Pathology

A. E. CARRAGHER, M.B., B.Ch., B.A.O., D.P.H.

Anaesthetics

T. N. PILLSWORTH, L.R.C.P.I. & L.M.

- (c) Vacant L.R.C.S.I. & L.M.

All the above visit whenever required, but in addition some pay regular visits as follows:—

- (a) twice weekly.
- (b) once weekly.
- (c) three times monthly.
- (d) twice monthly.
- (e) once monthly.

REPORT OF THE MANAGEMENT COMMITTEE

The Management Committee understand that it has been the practice to issue an Annual Report, and that the last report made by the previous Committee of Visitors was in respect of the year 1947. No report was issued for 1948 and they have thought it desirable in this instance to issue a Report covering the years 1948 and 1949; the practice of Biennial Reports may be adopted in the future.

NATIONAL HEALTH SERVICE

The Appointed Day on which the management of all hospitals became vested in the Minister of Health occurred during the period now under review, and the Management Committee wish to place on record their appreciation of the work of the Committee of Visitors prior to that date and of their efficiency and co-operation which resulted in a very smooth changeover to the National Health Service on the 5th July, 1948.

Three members of the Committee of Visitors are members of the present Management Committee, which also includes two full-time and two visiting specialists.

The Liverpool Regional Hospital Board have carried out their difficult tasks in connection with the transfer of management to this Committee and in the transmission of the various instructions and notes of guidance in a very capable manner, and this Committee has endeavoured to co-operate with them at all times. It is hoped, however, that the services of an Architect (in whose selection this Committee would wish to participate) will not now be long delayed. It is felt that the advice of such a consultant should be available to the Management Committee at the outset of any scheme to ensure that it fits into an over-all plan for the Hospital and is generated on correct lines at a very early stage. Items mentioned later in this report will make clear the need for such an appointment.

STATISTICS

In accordance with previous practice, the following particulars relating to changes in the numbers of patients are given. Fuller details are shown in the Medical Superintendent's report herewith.

	Total
In Hospital, 1st January, 1948	1,994
Admitted during 1948	735
Left during 1948	463
Died during 1948	90
Remaining in Hospital, 31st December, 1948	2,176
Admitted during 1949	700
Left during 1949	546
Died during 1949	115
Remaining in Hospital, 31st December, 1949	2,215

“Observation” cases are not included.

GENERAL

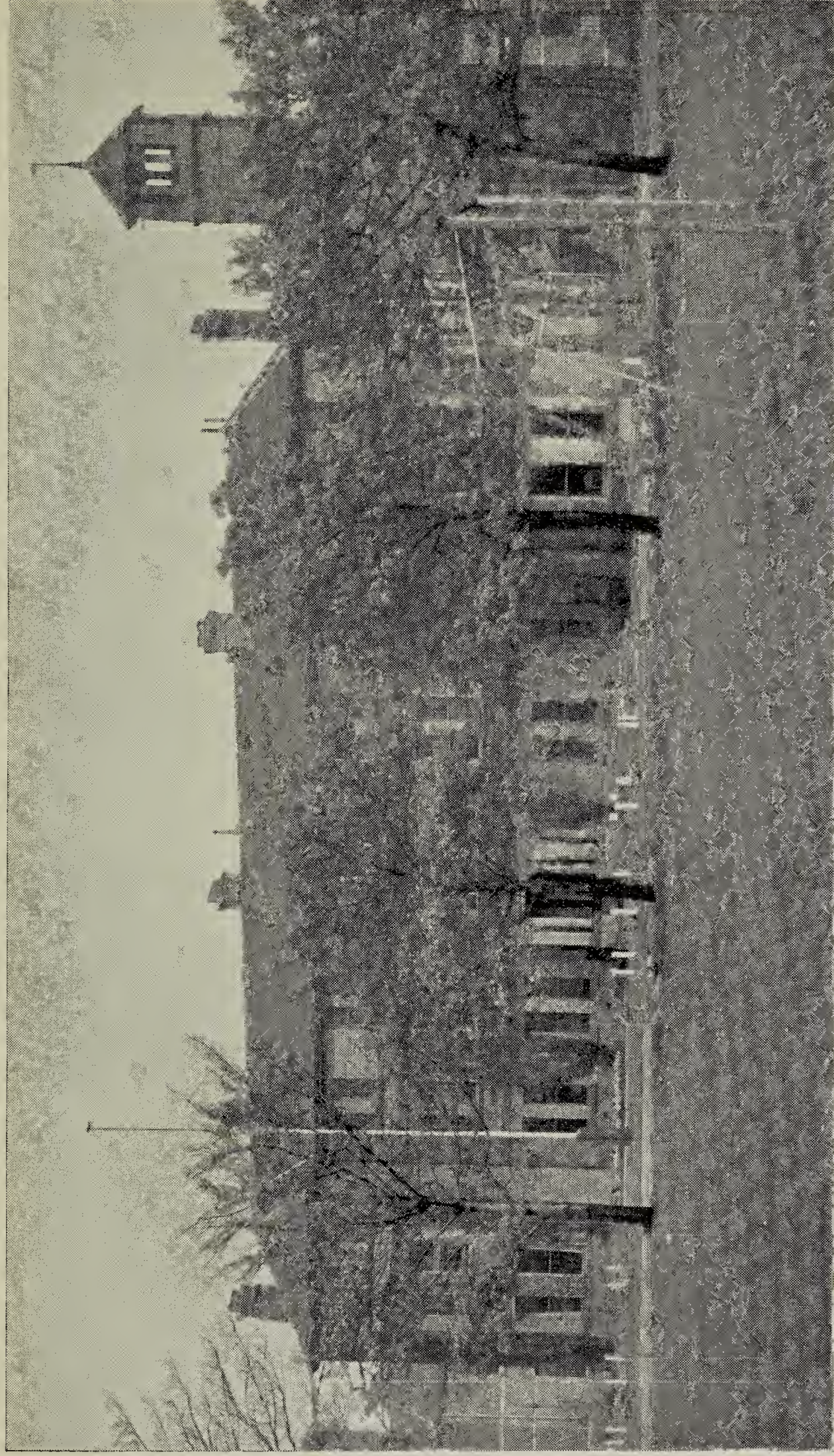
In addition to the general maintenance of buildings and machinery, improvements have been carried out and equipment acquired during the two year period, and include items which were financed from an accumulation of canteen profits during war years.

Improvements

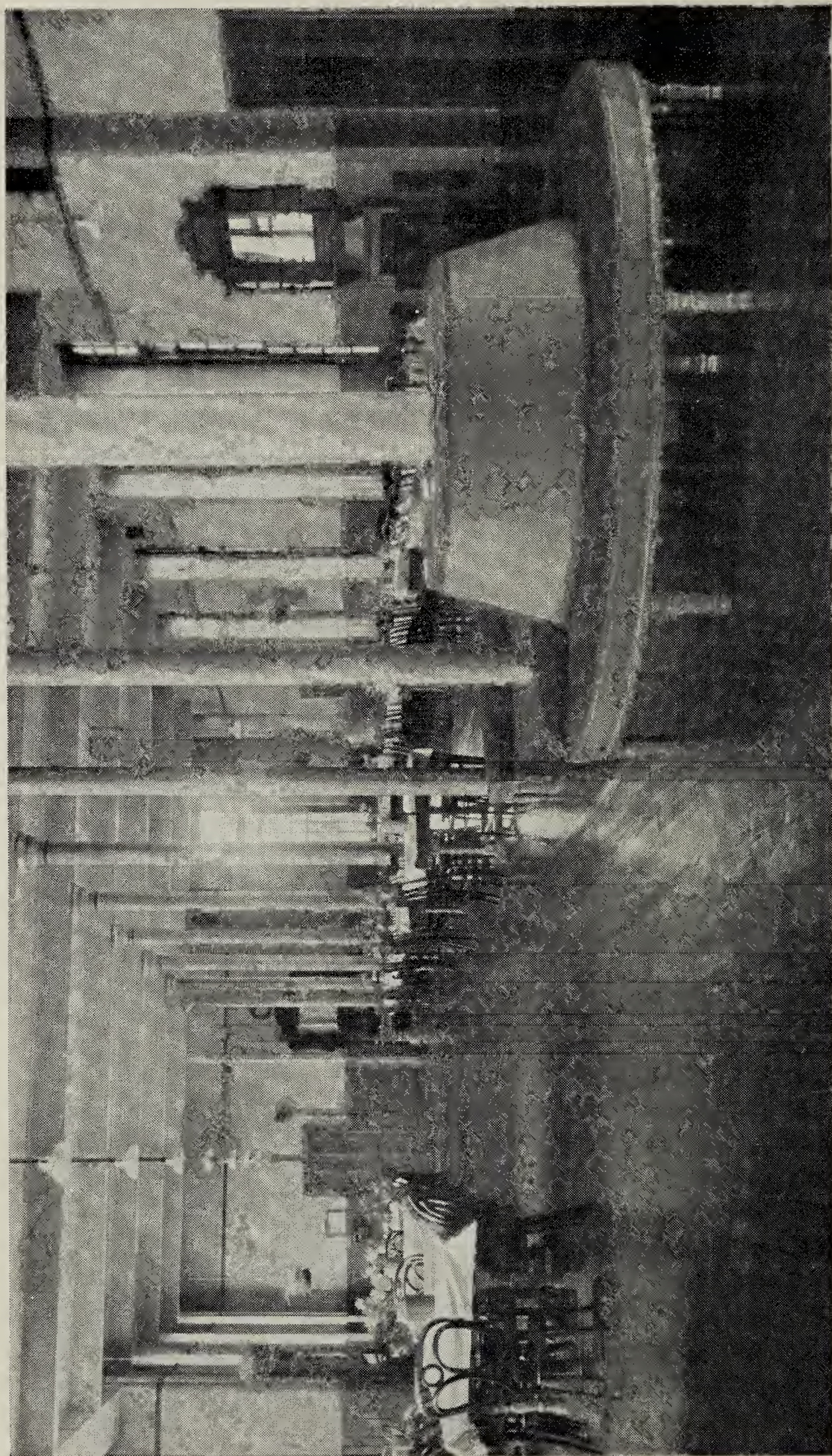
The new quarters for the Library are now well established and equipped, and include patients' clubrooms and education department. The old Library has been adapted for the use of the Medical Secretariat, and the old Medical Office has been converted into a new Dispensary. The site of the former Dispensary is in process of alterations in connection with the extension of the Matron's quarters.

Improvements have been carried out in the Female Physical Training Room.

Improved sterilising facilities have been effected in the two T.B. wards and improved sluicing in one of them.



ADMINISTRATION BLOCK AND MAIN ENTRANCE



A PATIENTS' DINING ROOM

A guest room has been set aside for the use of the nurses. Staff messrooms have been re-arranged and improved. The Nurses' Home has been up-graded, bed-lights, etc., have been installed in bedrooms, and furniture reconditioned.

Redecoration, &c.

The redecoration programme has included six wards and several departments—for instance, operating theatre, clinic rooms, radiological department, large lecture room, visiting room, canteen and tea rooms, staff club rooms, female nurses' bedrooms, domestic bedrooms, mess rooms and some offices. Painting of the exterior of the Reception Hospital and all houses (over 70) on the hospital estate has also been done, and a start made with the main Hospital.

Equipment

The new equipment acquired during the period includes the following:—

Complete X-ray plant.

Six-channel Electro-encephalogram.

Additional shadowless operating lamp and new operating table.

Epidiascope, Bedford Doll, additional charts, models, desks, etc., in the training school.

Automatic fire extinguisher in cinema.

Completion of individual wireless and extension speakers in all wards.

Motor 'bus for patients' outings.

Comptometer, Addressograph equipment and National adding machine acquired; National Accountancy machine on order to be delivered in March, 1950.

New tubular chairs for the Recreation Hall.

Tubular chairs and small tables for the Canteen tea-room.

Houses

Of the 36 houses for staff which it is intended to build, approval was granted for the erection of the first twelve and these are now at roof level. Steps now being taken to gain authorisation for the erection of the remainder following upon completion of those at present under construction may be unsuccessful as the Regional Hospital Board have indicated postponement of two to three years on financial grounds.

In addition to the erection of houses, two flats have been established and occupied in the old remedial workshops premises, and two more in the Reception Hospital.

Future Developments (Short Term)

The following improvements are proposed for the immediate future:—

Work in connection with the renewal of boilers and equipment has reached an advanced stage at the Contractors' premises. Installation is hoped for during 1950.

Renewal of compressor for water boreholes.

Improved sluicing arrangements in the second T.B. ward.

Improved sanitary facilities for patients.

Improved lavatory facilities for staff.

Improved clinic rooms.

Electro-Cardiogram.

Nurses Home gardens, garages, &c.

Office extensions.

50-cwt. road roller.

Fire tender (mechanically propelled).

Renewal of old motor cars, van, etc.

Additional garden frames.

Renewal of and additions to items of farm and garden machinery.

Renewal of dough dividing machine.

Renewal of food conveyors by purchase of improved types.

Provision of more bed tables.

Additional cutlery for patients.

Small portable cinema projector.

The Management Committee much regret that the Regional Hospital Board have deleted an additional Electrical Generator from the schedule of proposed capital works, as the limited supplies of electricity available are apparent and it had been hoped not only to improve the lighting in many parts of the hospital but also to increase markedly the electrical equipment in connection with ward sterilisation, etc., a matter felt to be definitely essential in a hospital over 50 years of age.

The Committee will shortly consider the preparation of a scheme to improve the facilities for the pasteurisation and cooling of the milk supplied by the Hospital's farm.

Future Developments (Long Term)

Further improvements to Nurses' Home.

Houses for medical staff.

Improved works stores, &c.

Partial rebuilding of garden premises.

Main kitchen improvements.

Alterations to Alder Root Farm.

STAFF

A revised staff establishment for the hospital has been drawn up and approved by the Committee and no increases are allowed without prior authorisation. There has been a re-arrangement and increase in the administrative and

clerical staff, largely owing to increased work under the National Hospital Service. In considering the establishment, it is of interest to record that in recent years additions in connection with curative and rehabilitative developments have included:—

Occupational Therapy for women patients by contract
with the Huyton School of Occupational Therapy.
Assistant to the Education Officer.
Physical Training Instructress.
Social Worker.
Part-time Chiropodists (Male and Female).
Physiotherapist.

The Chaplain, Rev. W. J. Lancaster, has resigned and his successor, Rev. D. G. Jones, took over the duties of his office on the 29th December, 1949.

The shortage of female nursing staff is still very much in existence, and part-time nurses are playing a large part in staffing this side of the hospital.

In connection with the Training School an Assistant (Male) Tutor has been appointed to assist the Sister-Tutor.

The approximate normal staff establishment for the hospital is:—

Medical, full-time	.....	16
Medical, part-time	.....	20
Nursing, male	.....	210
Nursing, female	.....	220
Ancillary services	.....	30
Clerical, Admin., etc.	.....	26
Household, laundry, kitchen, etc.	150
Farm and Gardens	45
Engineering and maintenance	75
Others	18
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FARM AND GROUNDS

Sample production figures for a year from the Farm and Gardens include:—

		approx.
Farm:	Milk	70,000 gallons
	Potatoes	466 tons
Gardens:	Tomatoes	20,000 lbs.
	Carrots	66,000 lbs.
	Cabbages, etc.	232,000 lbs.
	Turnips and Swedes	97,000 lbs.

The total area now under glass in the Gardens is 19,000 sq. ft.

The Sports grounds have been extended and now include hockey field, football field, cricket field, putting green, miniature golf, six bowling greens, five hard tennis courts and one grass one.

Land

The compulsory acquisition of 143.926 acres of additional land to the north of the hospital has been achieved. One field is tenanted under an old agreement and negotiations for the termination of the tenancy are in the hands of the Legal Advisor to the Regional Board. The total acreage is now $457\frac{1}{2}$, of which $315\frac{1}{4}$ acres are available for cultivation by us.

FINANCE

On the request of the Minister, transmitted to the Committee by the Regional Hospital Board, the estimates for the year 1949/50 were reduced by £23,526, and this included the deletion of several items of improvement. The Committee will, however, proceed with such schemes, together with others of a similar nature, as fast as finance and other restrictions permit.

Calculations show that the approximate weekly cost per head without specialist services amounts to £3/11/3.

Accounts cannot be appended as it is understood that the annual summaries of accounts have not yet been presented to Parliament as required by Section 55(4) of the National Health Service Act.

CARE AND TREATMENT OF PATIENTS

Statistics and other information relating to movement and treatment of patients will be found in the Medical Superintendent's report appended hereto. The reports left by the Commissioners of the Board of Control in 1948 and 1949 are also attached.

Other reports received and considered include those of the Ministry of Pensions Inspector, the General Nursing Council Inspector and the Ministry of Health's Dietician.

Several of the suggestions in the above reports have been implemented or are in process of being implemented, while some others are the subject of plans to be carried out in the near future.

ALEX. GRIFFIN,
Chairman.

February, 1950

MEDICAL SUPERINTENDENT'S STATISTICS AND OTHER INFORMATION

ADMISSIONS, DISCHARGES AND DEATHS FOR THE TWO YEARS 1948 AND 1949

(“Non-voluntary” means certified Patients together with a very few Temporary Patients).

ADMISSIONS

	Voluntary			Non-Voluntary			Total		
	M	F	T	M	F	T	M	F	T
Direct	406	365	771	180	213	393	586	578	1164
Transfers	—	—	—	98	173	271	98	173	271
Total	406	365	771	278	386	664	684	751	1435

The proportion of voluntary patients in the direct admissions is still rising, having been 50.3% for 1947, 60.1% for 1948, and 71.9% for 1949.

Since the appointed day, this Hospital has been designated for “observation” or short order cases and so far 166 such cases have been received, but they are not all included in the table above—only those that stayed as certified or voluntary patients and were thereby formally “admitted” to the mental hospital. Of the 166 received, 20 were discharged, 5 died, 138 were “admitted” (76 on a voluntary basis and 62 as certified cases) and 3 still remain.

It is noteworthy that 43 observation cases were over 65 years of age, just as were a substantial number of other admissions—about 30 in 1949 alone. This influx of old senile patients, many of which could and should be nursed elsewhere as not in need of special psychiatric care (though they are mentally disturbed in a mild, manageable way), tends

to slow down the turnover of new patients, to lower the recovery rate and to increase the deaths, while occupying the time of specially trained nurses who should be devoting their skill to more urgent psychiatric cases.

The admissions have also included 6 under the Criminal Justices Act. This new procedure works smoothly provided proper reports from the courts are sent on at once and arrangements are made prior to admission.

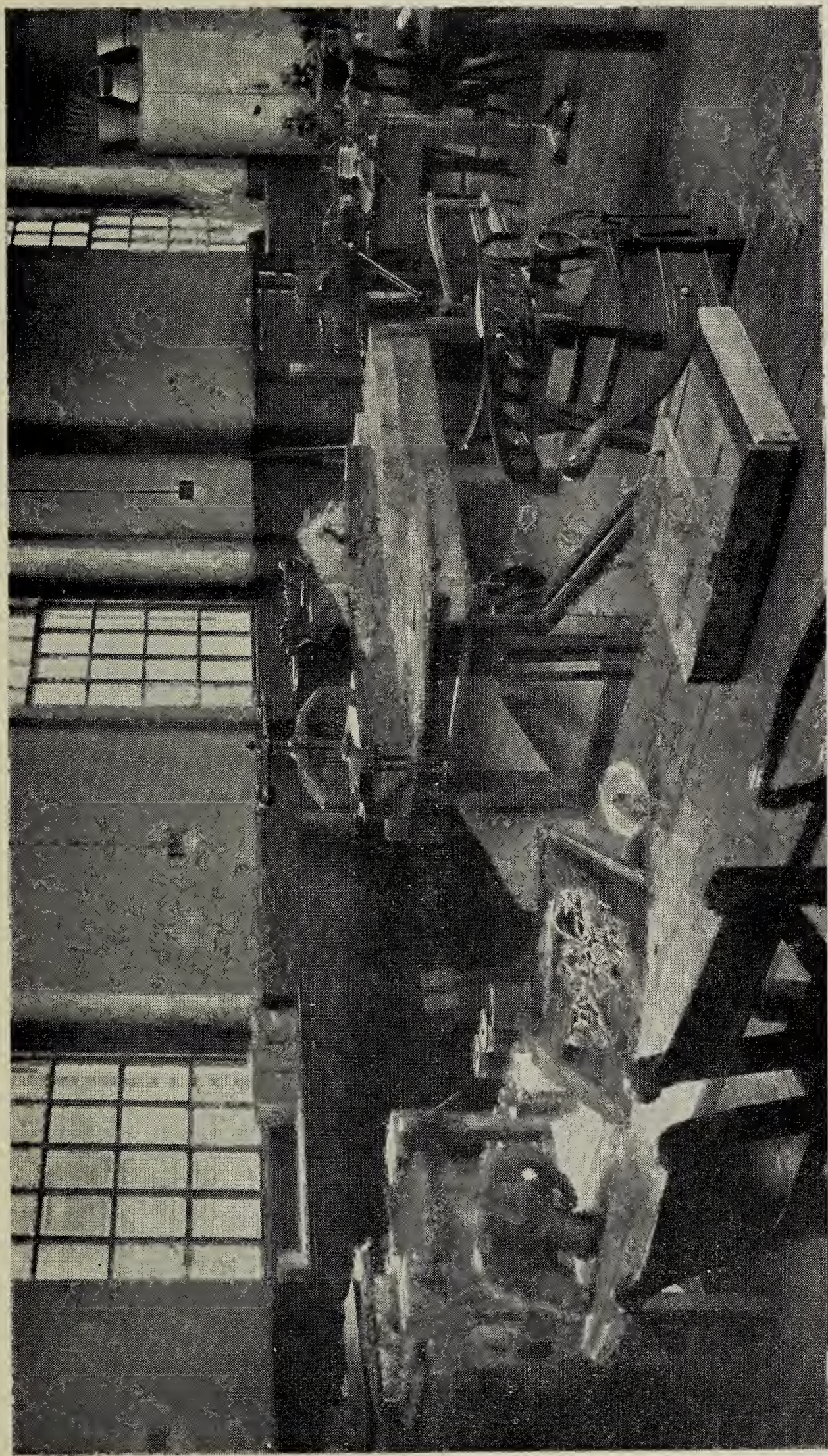
DEPARTURES

	Voluntary			Non-Voluntary			Total		
	M	F	T	M	F	T	M	F	T
Recover'd	76	101	177	99	146	245	175	247	422
Improv'd	183	166	349	37	34	71	220	200	420
Not Im- proved	72	35	107	8	7	15	80	42	122
Total	331	302	633	144	187	331	475	489	964
Transf'rd	—	—	—	21	24	45	21	24	45
TOTAL	331	302	633	165	211	376	496	513	1009

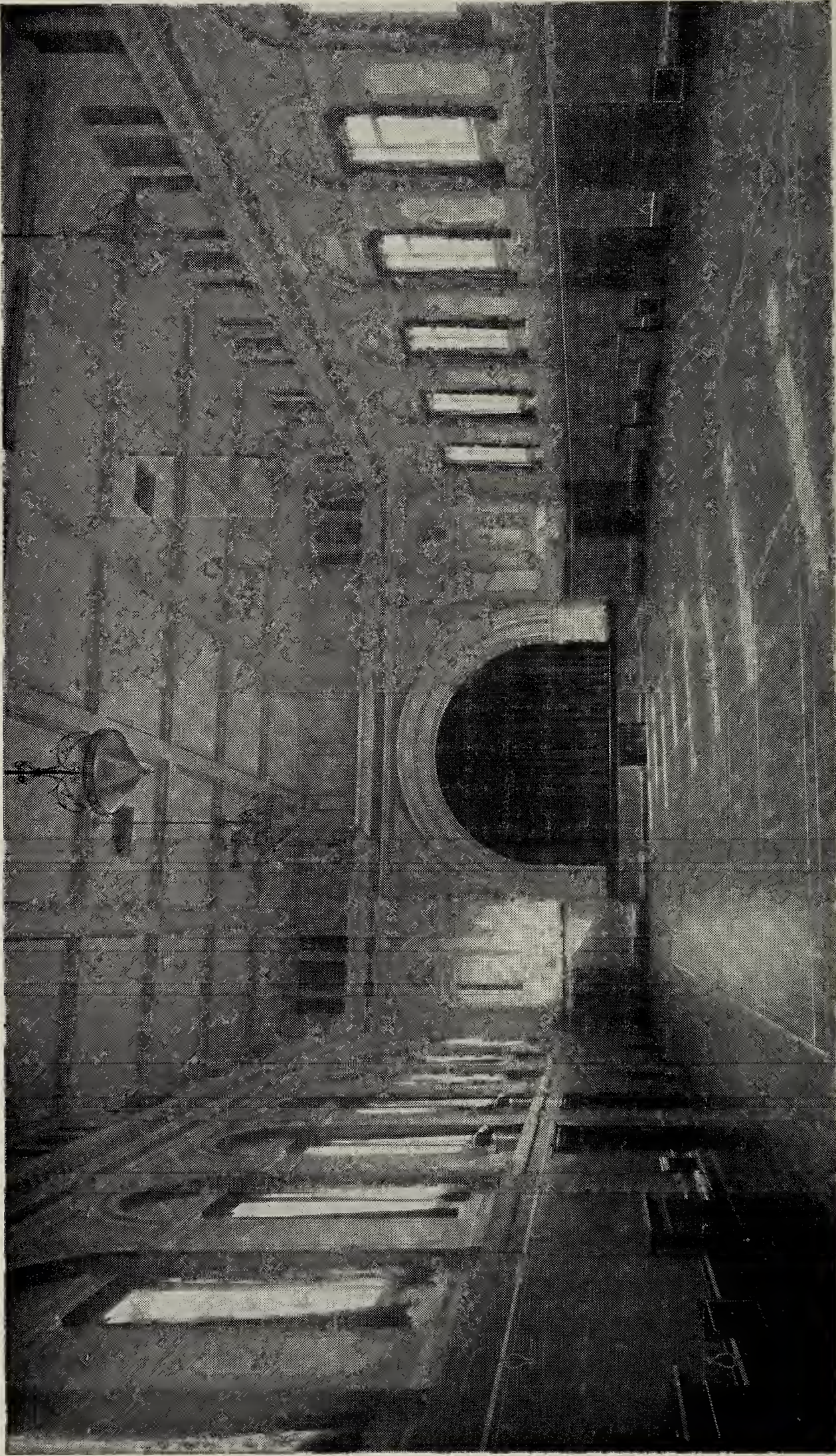
The number of patients who left recovered, improved and not improved, expressed as a percentage of direct admissions is shown below.

	Recovered	Improved	Recovered and Improved	Unim- proved	All Dis- charges
Voluntary	23.0%	45.3%	68.3%	13.9%	82.1%
Non-Voluntary	62.3%	18.1%	80.4%	3.8%	84.2%
All cases	36.3%	36.1%	72.4%	10.5%	82.8%

The low recovery rate of voluntary cases compared with that of certified ones is accounted for in three ways. In the first place, because they are entitled to leave at will, many voluntary patients do so too early and against medical advice. On the other hand some cases, while not recovered, have improved sufficiently to resume out-patient treatment



MEN'S OCCUPATIONAL THERAPY DEPARTMENT
(Woodwork and Brushmaking Section)



RECREATION HALL

at a clinic and have nothing to gain by longer hospitalization. Finally, many of the milder mental illnesses (such as are found more amongst voluntary than certified patients) are less easily cured than some of the acute certifiable disorders, whilst many voluntary admissions are not even recent cases but chronic ones of several years' standing. Chronic cases admitted on certificate are, of course, mostly transfers from other hospitals and are reckoned 'indirect' admissions not to be included for statistical purposes.

The application to Health Service patients since the appointed day of Section 72 (whereby relatives have the right to 'order' the discharge of a certified patient without reference to the Committee) has yielded interesting results. During the 18 months since July 5th, 1948, the relatives of over 2,300 certified patients have been informed of their rights under this Section, but 18 only have availed themselves of the opportunity. Furthermore, of the patients thus discharged four were recovered (but the relatives were averse to waiting for the next discharge Committee), several more were improved, and in *only five instances* could it be said that a patient had been thus taken out whose discharge would not have been granted if applied for in the ordinary way—an interesting sidelight on the not uncommon belief that large numbers of certified cases should and would be discharged if only the decision lay with the relatives.

DEATHS

The deaths during the two years totalled 205, or a yearly death rate of 44 per 1,000 resident in 1948 (based on an average of 2,066 residents) and 52 for 1949 (average numbers resident being 2,195). There is thus a tendency for the death rate to rise slightly, but this is hardly surprising when it has been below 55 (and mostly below 50) for the past seven years—and only once, in twenty-two years, above the average for all public mental hospitals. Moreover, the number of patients reaching a ripe old age is increasing, and of the 205 deaths mentioned above, 43 occurred at the ages of 65 to 74, and another 21 over the age of 75.

ACCOMMODATION

	M	F	T
Statutory accommodation "by Day"	1071	1091	2162
" " "by Night"	1014	1050	2064
Taking for each ward the Day OR			
Night figure, whichever is the lesser,			
so as to ensure against overcrowding	899	917	1816
Numbers nominally accepted	1075	1125	2200
Highest number actually in residence	1092	1141	2233

There are still two women's wards closed through lack of staff but the figures given above are based on the total accommodation exclusive of the Reception Hospital. It will be appreciated that to accommodate more than the "accepted" number in spite of space for 150 beds being unavailable has meant much overcrowding and that the hoped for re-opening of these empty wards could only relieve congestion without adding to our total capacity.

The use of the Reception Hospital has been under consideration by the Regional Board and it seems likely that the building will finally function as a Neuro-Psychiatric Unit for voluntary patients of a special type.

CLINICS

The number of clinics staffed by psychiatrists from this hospital has increased and the present position is as follows:

Mill Road Hospital	One doctor-session per week (two if required)
Warrington Gen. Hosp.	Two doctor-sessions per week
Warrington Infirmary	Four doctor-sessions per week
Whitecross Homes	One visit per fortnight

GENERAL

Medical Staff

The specialties represented by the visiting staff have been increased by one in 1948, and two in 1949; they now number sixteen in all. The full-time psychiatric staff is short of one psychiatrist, but a Senior Registrar is acting

instead and an additional Registrar makes up the required number. It is hoped that the two vacancies for House Physicians will soon be filled.

The recognition, since the appointed day, of Registrar grades has allowed a re-arrangement of medical duties and the team system, whereby the wards are divided into six sections, each with a Psychiatrist and a Registrar, has worked well so far; at first the exact delineation of duties as between Psychiatrist, Registrar and House Physician required careful formulation, but the position soon clarified.

Treatment of Patients

The clinics regularly held by visiting specialists have continued their good work, and (for the two years) 1,771 patients attended the Dental clinic, 488 the Ear, Nose and Throat clinic, and 435 the Ophthalmic clinic.

No detailed figures can conveniently be given of all the different methods of treatment adopted, especially when it comes to psychotherapy, group therapy, glandular treatments, vitamin administration, anti-convulsant medication or the treatment of causal infections, but it might be mentioned that during the two years under review 28 patients were treated by prolonged sleep, 22 by deep sedation, 216 by narco-analysis, 117 by insulin sopor, 49 by modified insulin, 613 by electro-shock (some with curare) and 204 by leucotomy.

This hospital has now become a Neuro-Surgical Centre for leucotomy operations and cases are for this purpose temporarily transferred to us from Rainhill and Upton hospitals. The deaths occurring after leucotomy in the four years since its introduction have numbered 17 in a total series of 272, but only 11 were directly due to the operation.

Operating Theatre

The various kinds of operations performed during 1948 and 1949, were: Dental extractions in Theatre, 81; General Surgery, 49; Neuro-Surgery, 215; Orthopaedic Surgery, 11;

Chest Surgery, 3; Ear, Nose and Throat Surgery, 58; Ophthalmic Surgery, 2; Urinary Surgery, 10; and Gynaecological Surgery, 2; a total of 431.

Pathological Department

The work has continued at a very high level of efficiency. The range of examinations performed is still increasing and new methods are continually being introduced.

The number of specimens examined in the two years was: Bloods for Kahns, etc., 1,619; Haematology, 3,042; Biochemistry, 2,683; C.S. Fluids, 184; Bacteriological and General, 10,474; Urines (chemical, etc.), 12,627; total specimens dealt with being thus 30,629.

The very limited number of histological examinations we require are done for us in Warrington while we reciprocate by doing some biochemical examinations for the other hospitals.

Radiology

The department was much disturbed by redecoration and the installation of new plant, but it has now settled into its stride and during the last twelve months 2,588 films have been used in the examination of 1,998 patients.

Electro-encephalography

This work was commenced in a small way in early 1946, on a borrowed machine, but after the long delayed delivery of a new machine in the Spring of 1948, the work was re-organised under the Physician who attends the department once a week. In spite of the work being an off-shoot of the Radiological department and the fact that no E.E.G. recordist is employed, the patients examined by this method during 1949 have totalled 372, whilst by means of the same machine some 20 E.C.G. records were also taken.

The machine is intended to deal regionally with the needs of psychiatric hospitals and clinics; hence the fact that of the cases mentioned above 184 attended for examination from outside sources.

Physiotherapy

The usefulness of this department, even from the purely psychiatric angle, has been undoubted. Unfortunately the full-time physiotherapist (who used to do over 60 treatments a week) left us last August and we have not yet been successful in replacing her.

Chiropody

This additional service, introduced in 1948, has proved itself of considerable usefulness. Two chiropodists attend twice a week each, and the number of cases treated in a week is between 35 and 40.

Hairdressing

Since its inception ten years ago this department has come to be looked upon as a major measure in the rehabilitation of women patients. During the two years 1948 and 1949, there were 581 'perms' given, 3,148 resets and shampoos, and 8,167 cuts and trims.

Library

The new quarters have allowed of much better arrangement for books on special subjects. The Librarian and Assistant Librarian (with the help of patients) can now supply patients' special or individual needs, and are able to take round trolleys of special books for non-parole patients to choose their own.

Canteen and Tea Room

The Canteen Shop has been a most popular feature for over ten years. The supply position which was bad during the war years has been better of late, and the Tea Room continues to prove a useful adjunct on the social side of rehabilitation.

Social Work

The Social Worker, appointed in 1948, has done most valuable work. She interviews all new patients and the various problems she has dealt with in the last twelve months

(apart from histories and home reports these are concerned with discharges, finding of accommodation, securing visits and letters to patients, insurance matters, old age pensions, family tangles and the like), have numbered some 275. She also attends once a week at the Warrington Infirmary Psychiatric Clinic, and has paid 87 other outside visits.

General Classification of Patients

The principle of having two admission wards on each side, one for co-operative patients and one for disturbed cases, was established in 1947 and has proved itself an essential measure in the separation of good from bad patients. It has, however, become increasingly clear that this classification, based as it is on the patients' medical conditions, their clinical needs and especially their standards of behaviour, must in no wise be hindered by any consideration relating to the *status* of patients (voluntary or certified). Any attempt at segregating patients in strict relation to the particular bit of paper on which they are admitted would not only run counter to their medical classification but would tend to confirm the very stigma attached to certification that we have done so much gradually to eradicate. It would tend to create an artificial "elite" of voluntary patients and this would, of course, be bad for the voluntary patients themselves, as well as being unfair to those many certified cases who deserve every consideration, in virtue of their good behaviour and of the fact that they, at least, have not the freedom to leave when they so desire.

The number of "open door" wards has been increased as has also the number of patients on parole (at present about 730) and of patients allowed to sit up till 9 p.m. without supervision.

Occupation of Patients

While the proportion of patients occupied tends to fluctuate somewhat, the average numbers are approximately 450 usefully employed in utility departments, 520 in ward

work, 270 in the intensive rehabilitation groups, and 260 in ward classes but in nothing else. The total of 1,500 together with the 310 patients who are too bed-ridden to join in any specific activity would account for 81% of the total population.

General Rehabilitation

The dancing lessons introduced at the beginning of 1948 have proved of great value in the restoring of patients' self-confidence and capabilities for social mixing; the appointment in late 1948 of an Assistant Education Officer has allowed an increase of cultural activities, while the occupational therapy on the women's side (which was at a low ebb in 1948) has been completely transformed by the advent of an Occupational Therapist and several students supplied daily by the Huyton School of Occupational Therapy.

The scheme for intensive rehabilitation groups occupied on a sessional basis, introduced in 1946, has been gradually elaborated, enlarged and, apart from a few minor improvements still to be effected, can be said to have reached a fairly final form. Some P.T. sessions in wards are at the moment in abeyance through lack of personnel, but this it is hoped will be remedied shortly. The number of patients who were in or who joined the special groups during the last twelve months was 630.

The entertainments have been increased; the patients' Social Club—now about three years old—is flourishing and 460 patients were members during 1949. Further information and a general outline of the rehabilitation activities, including social functions and the like, will be found in the appendix that follows.

January, 1950

J. ERNEST NICOLE,
Medical Superintendent.

APPENDIX

REHABILITATION PROGRAMME

A. *Intensive Rehabilitation in small Groups*

Occupational therapy (weaving, rugwork, string work, pottery, leather work, book-binding, brush-making, basketry).

Physical training (including simple medicine ball games).

Special games, (basket ball, badminton, skittle ball, indoor hockey, table tennis, putting, bowls, lawn tennis).

Education (talks on gardening, citizenship, domestic science and other subjects of general interest; brains trusts, debates, quizzes, competitions, play reading, musical and art appreciation and the like).

To which may be added in certain cases :—

Physiotherapy (massage, exercises, radiant heat, ultra-violet light).

Speech therapy, group therapy, psychodrama, etc.

Dancing lessons, singing practices, and so on.

Occasional sessions of utility work.

B. *Large Scale Rehabilitation open to all Patients*

Cultural activities (open debates, lectures, documentary and instructional films, visits to art galleries).

Outdoor sport (football, cricket, hockey, baseball, rounders).

Competitive games (individual handicaps and inter-ward league play at bowling, billiards, table tennis, etc.)

Sedentary games for ward use (draughts, chess, ludo, cards).

General recreation (cinema performances, variety shows, plays, concerts and motor coach outings).

Mixed social functions (domino drives, whist drives, mixed bowling, dances, parties and social club).

Full-time useful occupations (kitchen, laundry, sewing room, tailors, shoemakers, stores, farm, gardens, etc.)

C. *General Arrangements and Amenities*

Newspapers and library with sections on special subjects.

Wireless and radiograms (partly for educational work).

Canteen and tea room (to give feeling of independence and responsibility, and to help social mixing).

Hairdressing room (to stimulate pride in personal appearance).

Provision of attractive clothes, hats, shoes, etc.

Provision of spectacles, dentures, etc. (to improve patients' self-assurance).

Psychiatric Social Worker (for personal and family problems).

Religious help (where religious outlook has been disturbed by the mental illness).

Personal freedom (parole in hospital, in grounds, and beyond. "Open door" wards, staying up at nights, and the like).

Rewards for work done ('tokens' cashable at the Canteen, free issues of tobacco or sweets).

Outside contacts to prevent feeling of isolation (stationery for writing home, frequent visits by relatives, weekend leave for one, two or three days, games with outside teams, visits to neighbouring towns, guest nights at Club meetings).

Contented relatives (information about the hospital and its work, facilities for interviews, adequate replies to enquiries, making the relatives feel they are part of the team ensuring the patient's recovery).

Retraining in new occupation (before discharge or after through Retraining Centres).

Resettlement in industry (including living accommodation).

After care (liaison with outside social workers, with Local Health Authority and with patient's own doctor).

ADDITIONAL NOTES ON REHABILITATION

A. *Intensive Rehabilitation in Groups*

(i) *Special groups*. There are twelve *groups* for 20-30 patients each, occupied in special *Departments* on a sessional time-table, the lower groups having about 10 sessions of $1\frac{1}{2}$ hours each booked for the week, the middle groups about 15 and the higher ones some 18 that include a proportion of utility work.

The rehabilitation officers (occupational therapists, physical training instructors and instructresses, education officers and librarian) discuss their cases each week and then contact the psychiatrists for regrouping of patients, the aim being to pass patients out on to full-time useful occupations without supervision.

(ii) *Ward classes*. Classes in occupational therapy, physical training, games and education are held several times weekly in selected *wards*. Such patients as show sufficient response are then recommended for group work, while others become at least more active and less likely to deteriorate further.

As an example, the group and class programme for one day (Mondays) is appended.

B. *Large Scale Rehabilitation*

The Social Club membership of 100 is open to all parole patients, the club is run entirely by patients, it meets once a week for debates, lectures, sing-songs, quizzes, competitions, card games and music, and once a week for dancing, basket-ball, table tennis and badminton, or bowls, putting, tennis and rounders. Older members retire in rotation to make vacancies for recent admissions. Local Youth Clubs play the club at games and once a month there is a Guest Night for patients' relatives to attend by invitation.

The Dancing Class is for 30 patients and runs 8 weeks, when a new class is formed. Lecturers from outside educational authorities attend once a month to give talks, whilst reproductions of famous pictures are supplied regularly by the Red Cross, these forming the basis of subsequent art discussions.

The plan on which the weekly programme is built up is appended.

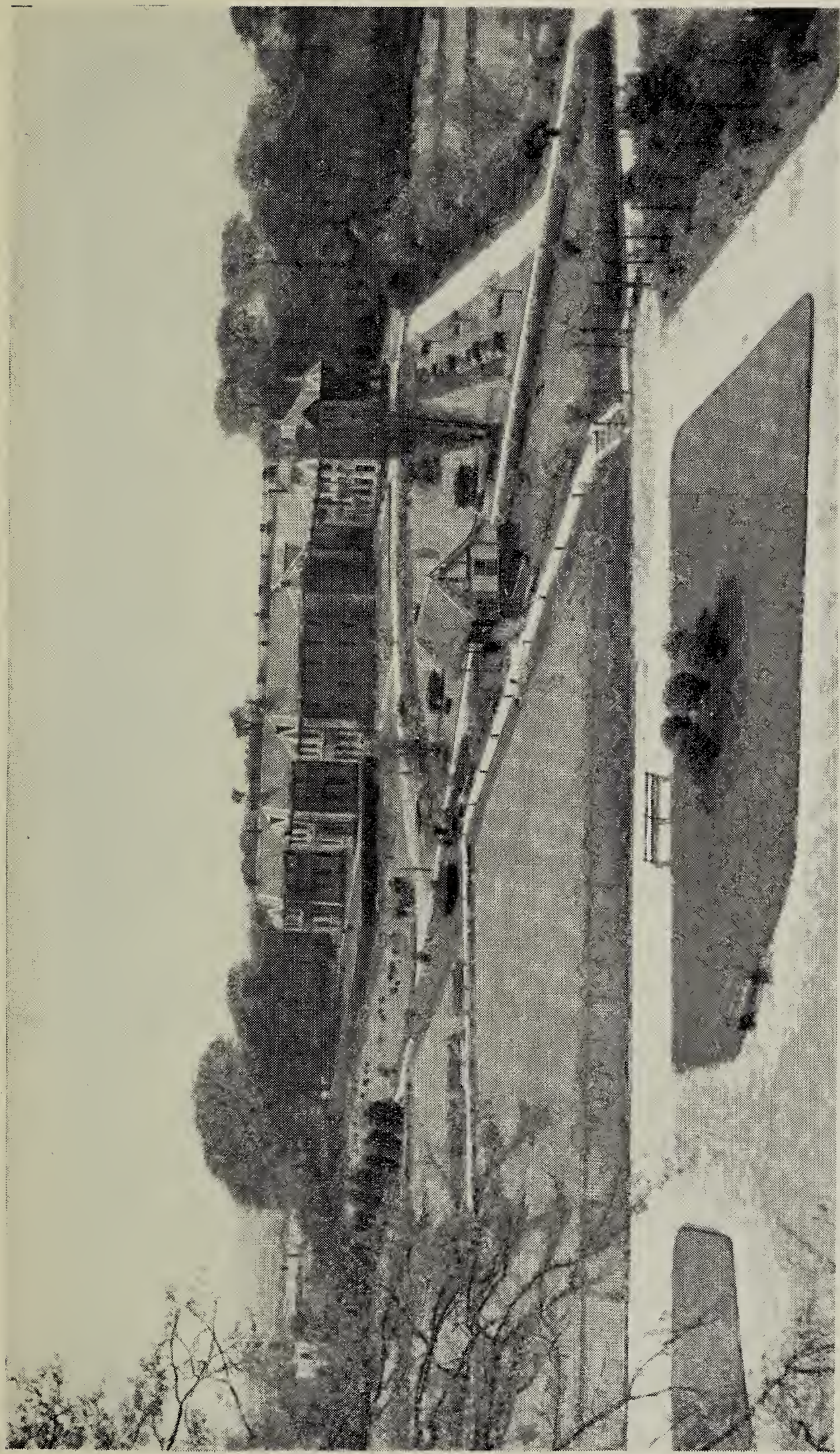
C. *General Arrangements*

Newspapers average 1 to 10 patients. The library has some 20,000 books, with rooms for special subjects, and reading and other rooms attached that are also used by the patients' social club. The Social Worker has set hours for receiving patients, visits wards and sees all new admissions. There is a wireless in every ward and certain broadcasts are used in connection with discussion groups. Radiograms are used for small dances, talks on music, social club nights, etc. The canteen and tea room will cash in 'tokens' given to working patients. The hairdressing room for ladies does over 25 perms per month, some 140 resets and 350-400 cuts and trims.

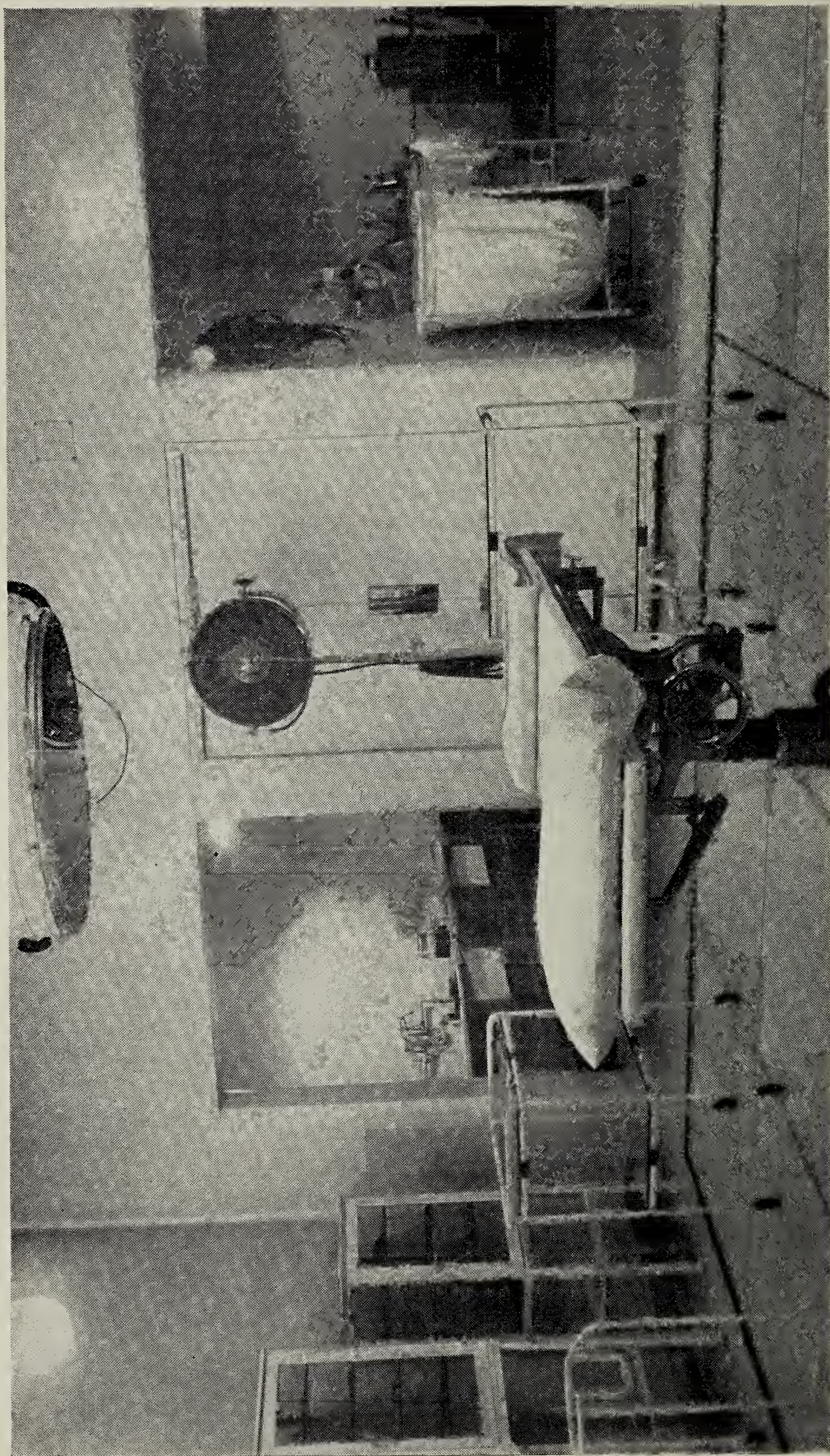
Over 700 patients are on parole "in the hospital", of which 350 have freedom in the grounds as well. About 180 are allowed outside the grounds. Some 680 are housed

in 'open' wards and 850 stay up at night if they wish. There are two admission wards on each side, one being an 'open' ward for co-operative admissions likely to be on parole within a few days, from which there is unlimited access to all parts of the hospital.

Printed information about the hospital and its work is sent to the next-of-kin of every patient, and for others there is a pamphlet available, covering the nature and forms of mental illness, its causes and treatment, and the procedures for hospitalization and discharge.



TWO OF THE BOWLING GREENS AND PART OF ORNAMENTAL GARDENS



PART OF THE OPERATING SUITE

EXAMPLE OF GROUP AND CLASS REHABILITATION PROGRAMME

FOR ONE DAY—MONDAYS

Times	MEN						Classes in Wards	MIXED	Classes in Wards	WOMEN							
	GROUPS									General open to all	P.T. (9)	T.	GROUPS				
	T.	O.	I.	II.	III.	IV.							O.	I.	II.	III.	IV.
9--10.30	T.	O.T.	O.T.	P.T.	U.	U.	P.T. (8)	---	P.T. (9)	T.	O.T.	P.T.	---	E.	U.		
10.30--12	T.	---	P.T.	O.T.	U.	U.	E (5D)	Inter- ward Bowling League	O.T.(1U)	T.	---	O.	E.	G.	U.		
1.30--3	O.T.	---	---	G.	O.T.	E.	P.T (5U)		E (8) P.T.(6) P.T.(5U)	---	O.T.	---	P.T.	O.T.	---		
3--4.30	P.T.	---	---	E.	G.	---	O.T. (4U)		P.T.(5U)	O.T.	---	---	O.T.	---	P.T.		
6--7	---	---	---	---	---	---	E(6)	---	E(6)	---	---	---	---	---	---		
7--9	---	---	---	---	---	---	---	Social Club Games Meeting	---	---	---	---	---	---	---		

T.—On Special Treatments.

G.—Games.

O.T.—Occupational Therapy.

E.—Education.

P.T.—Physical Training.

U.—Work in a Utility Department.

LARGE SCALE REHABILITATION

WEEKLY PROGRAMME

MONDAYS	Every Monday	Afternoon	Men's inter-ward domino league (winter) or bowling league (summer).
	"	Night	Mixed social club games meeting in hall (winter) or outdoors (summer).
TUESDAYS	One Tuesday in four	Afternoon	Mixed whist drive.
	" "	"	Mixed domino drive.
	" "	"	Mixed dance for less good patients (not in the four summer months).
	" "	"	Educational visit to industrial works and the like (not in the four summer months).
	" "	Night	Mixed dance for good patients (not in the four summer months).
	" "	"	Concert, play or stage show.
	Two Tuesdays in four Every Tuesday	Evening "	Mixed singing practice. Motor coach outing (summer only).
WEDNESDAYS	Every Wednesday	Afternoon	General visiting by relatives.
	" "	Evening	Mixed practice dance for special class (winter only).
	" "	"	Mixed bowling (summer only).
	Two Weds. in four	Night	Open educational session, instructional films, etc.
THURSDAYS	Every Thursday	Afternoon	Football or cricket for men (largely rehabilitation groups).
	" "	"	Hockey or rounders for women (largely rehabilitation groups).
	" "	"	Mixed ballroom dancing class (winter only).
	" "	"	Cinema show for less good patients.
	" "	Night	Cinema show for good patients.
FRIDAYS	Every Friday	Afternoon	Men's inter-ward billiard league (winter) or bowling league (summer).
	" "	"	Motor coach outing (summer only).
	" "	Night	Mixed social club sedentary meeting.
	One Friday in four	Afternoon	Educational visit to a museum, exhibition, cathedral, etc. (not in the four summer months).
SATURDAYS	Every Saturday	Afternoon	General visiting by relatives.
	" "	"	Staff cricket match or outside team football match.
	" "	"	Individual knock-out bowling (summer only).
SUNDAYS	Every Sunday	Morning	Roman Catholic service.
	" "	"	Church of England service.
	" "	Afternoon	Non-Conformist service.
	" "	"	Special visiting by relatives.

ADDITIONAL : Cricket and bowling 'home and away' against other hospitals (six or so), visits to football and billiards matches, sports day, ward and other parties, and so on.

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL

WINWICK MENTAL HOSPITAL,

24th November, 1948.

At our visit to this Hospital we have again found evidence of progress and keenness. Some handicaps such as overcrowding and shortage of nursing staffs appear to be mitigating. It is satisfactory to record that the patients were particularly quiet and contented, that attention is paid to the individual welfare of the patients and the relations between patients and staff are good.

The names of 2169 (1063M., 1106F.) National Health Service patients are on the books; all, with the exception of four, were in residence. In addition to these figures there are some 91M. and 49F. patients who used to belong to this Hospital who are in other Mental Hospitals.

The future of the admission unit (50M., 60F.) is under consideration; it is not certain that it will remain with Winwick Mental Hospital. At the moment it is providing a little married accommodation for two members of the Staff. It is, we understand, to be redecorated within the near future. All the wards, otherwise, on the male side are open, but on the female side two wards (some 50 patients each) have to remain closed owing mainly to lack of staff.

The state of overcrowding in the wards actually in use shows, according to the figures placed before us, a deficiency by day on the female side for 223, and by night for 187. On the male side there is a surplus of accommodation by day for 11, but a deficiency at night for 46.

During the year 1947, the direct admissions numbered 441 (215M., 226F.) During the first six months of this year (1948) the direct admissions totalled 209, and for the period starting 5th July to date, some four and a half months only, the number of direct admissions stands at 234. There has

been a steady increase in these admissions during the last two years, and also during the last four and a half months compared with the first six months of the year. Recently this Hospital has had the advantage of having had appointed to it a social worker who in the near future, it is thought, will be a full time one. Her services should be especially invaluable both as regards investigating patients' homes prior to discharge and assisting at the clinics.

This Hospital, since the 5th July, has been designated as one to receive short order cases under the Lunacy Act. So far there have been 44 (25M. 19F.) of whom 18 and 17 have remained in the Hospital as certified and voluntary patients: of the remaining nine, one died, three were able to go elsewhere, and five are still under short orders.

As in the past, good attention is paid to both out-of-door and indoor recreations: the cinema is now weekly instead of fortnightly, and a motor 'bus has been purchased for patients' outings. Parole, of which there are three types, is still on the increase. There are now in all 566 (310M., 256F.) patients who enjoy these privileges. New admissions in most cases are led to believe, unless they are obviously mentally unsuitable, that parole is more of a right than a privilege.

During the course of our visit we found the wards neat, clean and very well kept. There is, however, a considerable amount of leeway to be made up in internal redecoration and in modernising some of the wards. For example, in a big male working ward, M.7, where some hundred working and parole patients live, there are no urinals and hot and cold water is not laid on to the basins in the sanitary annexe. Four female and two male wards together with certain other parts of the Hospital have, however, recently been redecorated. It appears that the heating of the Hospital is not very satisfactory. It was an advantage to discuss these matters and several other similar matters with Mr. Hoyle, the Secretary and Finance Officer, with Mr. Fox, the Supplies Officer, and with Mr. Copeland, the Engineer.

Improvements have been made to both the male and female nurses' quarters, which are in the main building. Redecoration and refurnishing is taking place. The female nursing sisters' messroom, the sub-officers' male messroom, the resident staff male messroom and the non-resident staff male messroom have all been redecorated.

There is no accommodation available at this Hospital where either the male or female nursing staffs can receive visitors of the opposite sex or meet together except for a social club which is held twice a week.

Such matters as temporary shortages of crockery, certain articles of men's clothing and the issue of bedtables to wards on both sides of the Hospital were also discussed.

Chief among the major improvements and additions contemplated to be carried out in the near future is the erection of some 12 to 36 staff cottages.

There are three main meals per day; there are, however, a supper for those who sit up late and mid-morning and mid-afternoon refreshment in certain cases. The dietary appeared to us to be good and well varied, and the patients expressed their appreciation of it. There is a canteen café which, although rather small, is proving very popular. We understand the question of rewards to working patients is under consideration.

The general health of patients has been good and the death rate for 1947 was remarkably low, *i.e.*, 4.7% (M.4.1%, F.5.2%).

The figures for tuberculosis are of interest. It is common to find that the figures for males (in mental hospitals) are much higher than those for females—a point which is as yet unexplained. Here, the number of new cases notified in 1947 was males, 12; females, 5 (and there are considerably fewer male patients in residence than females). But other figures do not show this great discrepancy; they are as follows:—

	M.	F.
Deaths from Tuberculosis	5	7
Approximate % due to Tuberculosis (of deaths from all causes)	12	13
Now under treatment	36	31
Cases since 1st January, 1948*	10	11

*Excluding those admitted with tubercle.

Cases are nursed in the Villa Wards, Male 2a and Female 2a, in good conditions. The latter has been re-opened after occupation by E.M.S. One of us discussed with Dr. Nicole the value of arranging for a good supply of masks and revision of the method to ensure that no mask is left about after use or worn again until sterilized. The treatment of cases (operative and otherwise) is carried on in consultation with the Tuberculosis Officer. The new X-Ray Screening Apparatus is used. Patients in these wards, and their staff, are regularly examined.

Dysentery affected 2 male patients in 1947—there are none now under treatment. Enteric fever attacked 2 males and 7 females in the same year; all that now remains are 9 female carriers known or suspected. Cases on caution for these disorders are segregated in one ward on each side.

Prophylactic treatment, laboratory work, and general medical and nursing care are to be credited with this freedom from epidemics.

Casualties since the last visit include fractures of bone sustained by 11 male and 13 female patients and other injuries in three instances. In one or two cases the cause was not known, the remainder were due to accidental falls, to falls in fits, to accidental blows or falls at games or at physical training (1), while a few were due to the patient's own impulsive action or to violence by other patients. It is of interest that there is during the period under review no record of fracture during electrical treatment, though this method is in use in the Hospital. One patient fractured her arm by a sudden unsuspected twist while her arm was held to prevent her from running away.

The treatment of mental disorder on old-established lines continues, while modern methods are used.

The group rehabilitation scheme successfully used for male patients has now been extended to females. The selected patients are occupied during the day according to a systematic programme of handicraft or other occupation, education, physical training, physiotherapy or recreation.

The occupational therapy for males is carried on at a centre and in the wards; that for females (for lack of a therapist) can as yet be done only in the wards. Educational work which should do much to help the patient to form interests with which he can occupy himself at home, will be increased when the new Assistant Education Officer has been appointed. The library in what was Female Ward 3 Down is being brought into order. Physical training for men has been carried on for some time; that for women is in the hands of a newly-appointed trainer (who has the help of a nurse). A class of dull and indifferent patients was at work when we saw it. Physiotherapy is found to be helpful in selected cases. Recreations have already been mentioned; an important factor is the Patients' Friendship Club. By means of guest nights (when relatives or friends are invited on behalf of the Hospital, at the patients' request) and by competitions and matches between hospital teams and other teams, contact with those outside hospital is encouraged. Dancing lessons by professionals are given for men and women.

Other means of treatment and care include the operating theatre—well-equipped and with a full-time theatre sister—the ophthalmic, ear, nose and throat and dental treatment sessions, and the work of chiropodists and hairdresser. There is a new X-Ray Plant for general purposes and the electroencephalogram is in regular use. A large amount of work is done in the laboratory. A bigger dispensary in an adapted medical office is being equipped.

Out-patient Clinics are held at Warrington Infirmary and at Bolton, and there are many attendances.

It is obvious that medical work is very active and of a high standard.

The Nursing situation has improved. Numbers are as follows:—

			MALE		FEMALE		
			Whole-time	Total	Whole-time	Part-time	Total
Staff	....	....	156	156	50	125	175
Of whom on duty							
by night	....	.....	20	20	3	41	44

Ninety-three male nurses are certificated or registered; of female nurses, twenty-three whole-time and nine part-time are so qualified. In addition, eight male nurses are now away for general training.

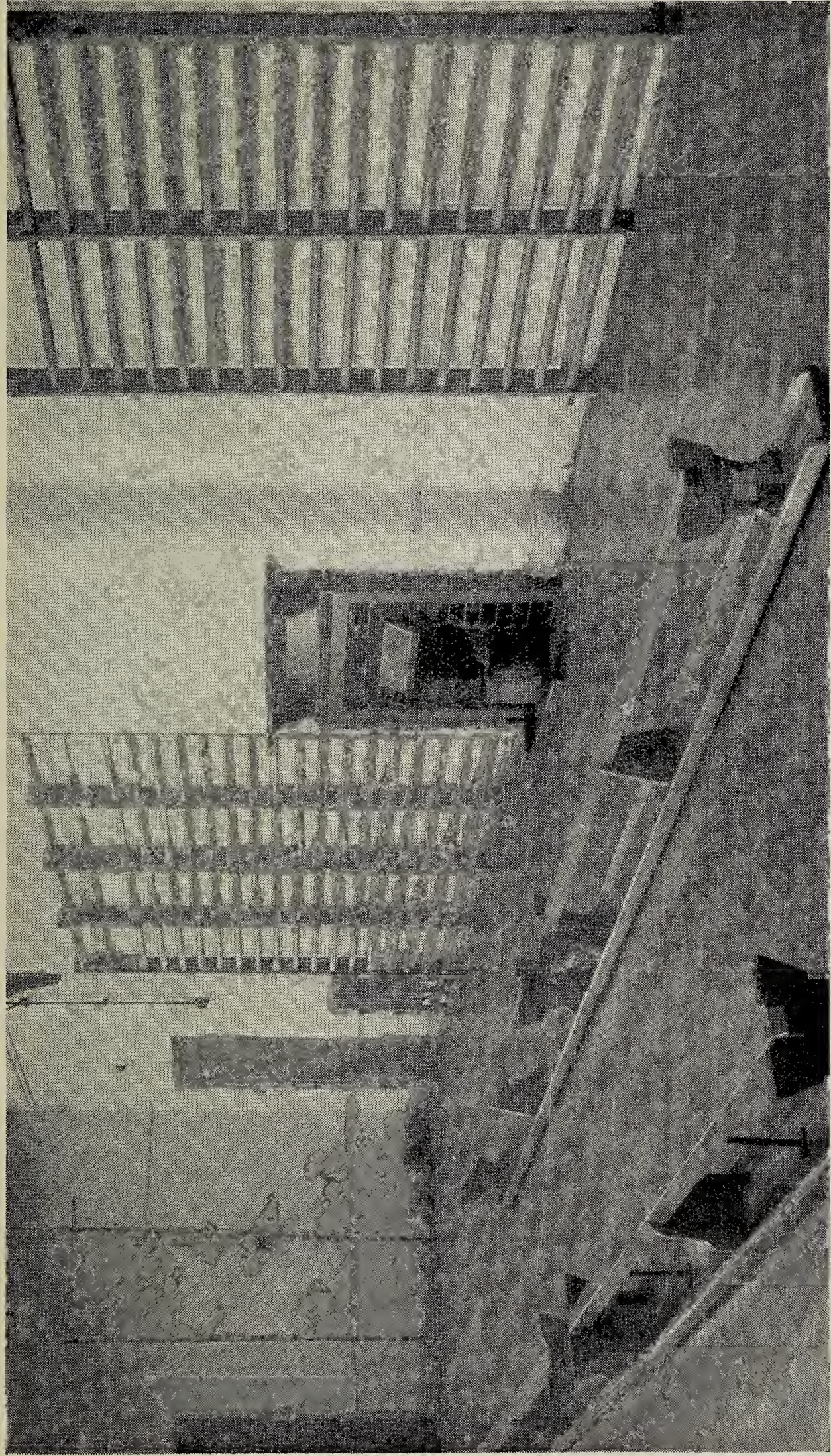
The Preliminary Training School is in charge of a Sister Tutor with the help of a male assistant. Student nurses are coming forward in numbers which, though not large, are more than in recent years, and the position is encouraging.

We saw evidence of good nursing care and would offer a special word of praise to those senior nurses who have the responsibility of seeing that the daily care of the sick or indifferent, as well as the difficult cases, is carried out. Part-time nurses give good help.

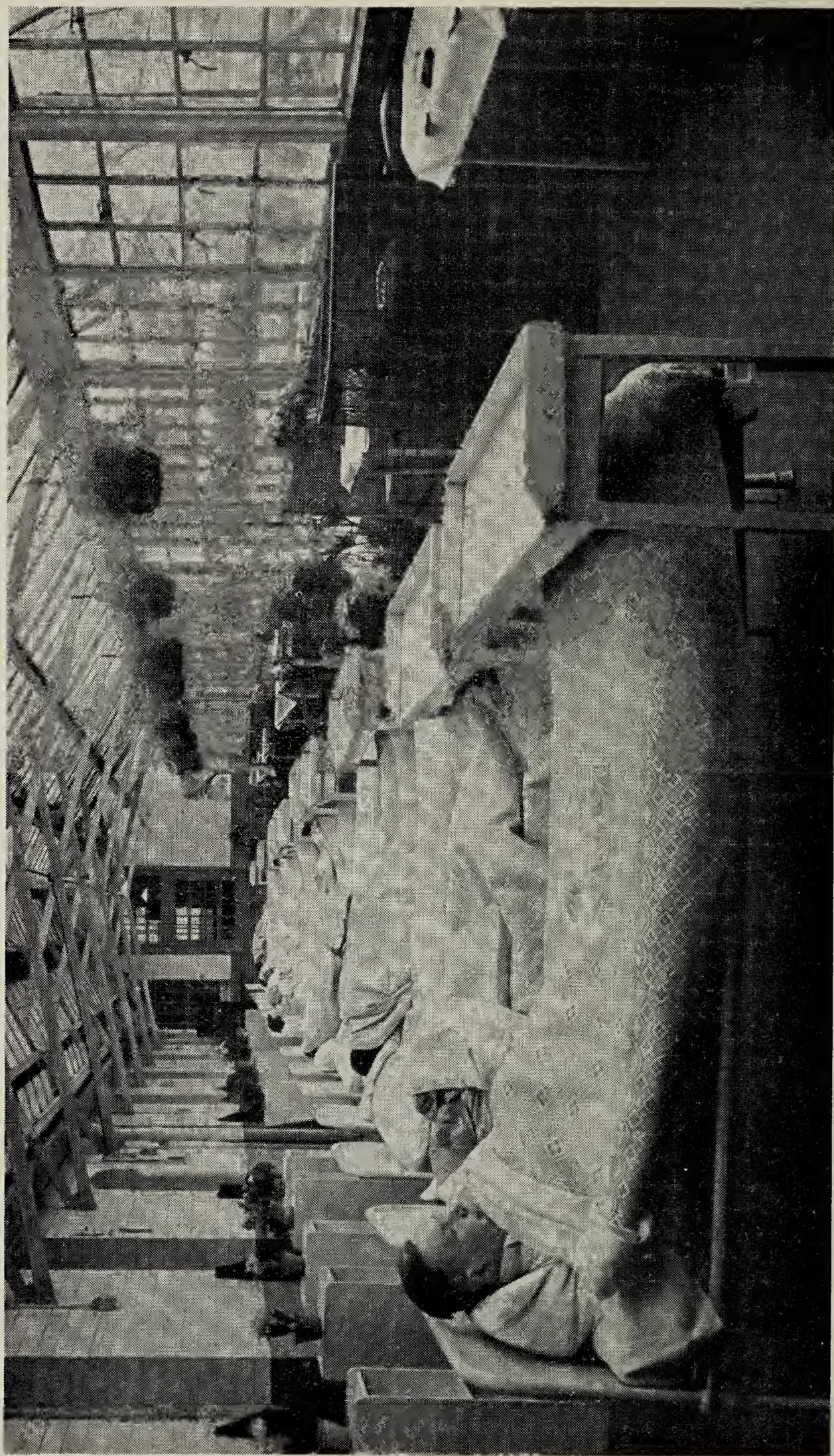
Dr. Nicole, the Medical Superintendent, has to assist him, Dr. Harrison (recently appointed as his deputy) and his Medical Officers Drs. Robinson, Brown, Robertson, Mason, Bower, Bates and Whelehan. Dr. Fleming is away in the Services. Dr. Crye and Dr. Rudolfer are the House Physicians.

In conclusion, we would like to thank Dr. Nicole, the Medical Staff and the heads of other departments for their assistance during our visit and for the arrangements made for us.

J. C. RAWLINSON,
ISABEL G. H. WILSON,
Commissioners of the Board of Control.



WOMEN'S PHYSICAL TRAINING ROOM



A SICK WARD VERANDAH

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL

WINWICK HOSPITAL,

WARRINGTON,

23rd November, 1949.

We have to-day concluded our two days' inspection. What we have seen bears out in every way the high reputation which this Hospital deservedly enjoys for its standards of care and treatment.

There were 2,203 patients or 1,075 men and 1,128 women in the Hospital yesterday while, in addition, 4 men and 3 women were absent upon trial. The present strength of the nursing staff is 174 on the male side and 53 whole time and 157 part-time nurses on the female side. The corresponding figures at the date of the last visit exactly twelve months ago were 156 male and 50 whole time and 125 part-time nurses—showing an increase of 18 male nurses, 3 whole time female nurses and 32 part-time female nurses. It would be superfluous to discuss the question of the shortage of whole time female nurses, and impossible at the moment to suggest any fresh methods of recruiting them; in the meantime the part-time workers afford valuable assistance during the hours in which they are available.

The admission rate is steadily rising. During 1946 there were 347 direct admissions, during 1947, 441 and during 1948, 559. Departures and discharges during the latter year (apart from 9 cases transferred to other statutory care) amounted to 454 of whom all but 51 were either recovered (as in 222 cases) or improved (as in 181 cases). Together with 90 deaths during 1948, to which we refer later, these figures (including the transferred cases) indicate that 553 beds became vacant during that period or nearly sufficient to balance the direct admissions. But there were in addition during 1948, 176 indirect admissions upon transfer, of which

111 were of female patients, and it is not surprising therefore to find at the present date a considerable degree of overcrowding (according to the accepted standards) upon that side. The male side is not, generally speaking, unduly overcrowded. No wards upon that side are closed for lack of staff, but this is still the case with two of the female wards containing 140 beds.

The proportion of voluntary patients admitted during 1948 was the high one of 60.1% of all direct admissions. Up to October 31st of the present year the proportion is even higher and amounts to 71%.

Since the last visit 47 men and 63 women have been admitted under Section 20 or 21 of the Lunacy Act, 1890. This arrangement appears to be satisfactory in operation, and the figures are higher than in the majority of mental hospitals designated for the purposes of Section 20. There is no other hospital designated for the purpose in Warrington, nor does this appear to be necessary. There have been three admissions of offenders remanded on bail for psychiatric examination and report under the provisions of Section 26 of the Criminal Justice Act, 1948. Two of these patients returned as voluntary patients under the conditions imposed by Section 4 of that Act. There has been one admission under an order made under Section 26, having the same effect as a summary reception order.

There is no longer any statutory obligation upon the Committee responsible for the administration of a mental hospital to furnish an Annual Report. We hope, however, that this valuable measure of the progress of the Hospital will not be discontinued and that the present series of reports will be allowed to remain unbroken by the issue of a report for 1948.

We purposely omit reference to the Admission Hospital in this entry, since its use as a unit detached from the mental hospital proper has already been determined, we understand, by the Regional Hospital Board.

Long term programmes for the replacement of existing wash-basins and baths in the wards and for the construction of urinals in the male wards were approved by the Hospital Management Committee early this year. We discussed with Dr. Nicole and the Engineer the possibility of making a temporary improvement in the supply of hot water to the wash-basins by fitting two or three additional taps in each ward. We cannot assess the technical difficulties in this project which are a matter for the Engineer, but we feel strongly that improved supplies of hot water would mean greater cleanliness in those wards where infection is most likely to be the result of disinclination to wash, and that those supplies should be made available if it is at all possible. We regard the provision of a wash-basin in the foul section of the laundry as an urgent matter: the laundry-man who deals with the foul washing at present cleanses his hands in a tub in the general laundry. We were glad to hear that a new bath and special wash-basin were to be supplied for the use of the typhoid carriers in Ward F.3Up.

The wards are being re-painted as time and labour permit. Much of the day-room furniture is old-fashioned, but provided that it is comfortable, that does not matter. There is, however, a need in most wards for more arm-chairs; these are being manufactured according to a suitable design in the utility departments but the supply from here is necessarily restricted.

The corridors have been sign-posted, and most visiting relatives and friends will probably appreciate that fact. The lighting in a number of wards is not strong, but is capable of improvement by the lowering of the lamps; this had already been approved in a number of instances although it had not yet actually been done in the majority of instances.

The clothing of chronic patients and others who do not wear their own garments does not call for comment except that it was clear that great pains had been taken to avoid uniformity. In Ward F.7 an experiment had been tried in

order to ensure that patients received back from the laundry the same undergarment or other article which they were wearing previously; the clothes are marked with a number appropriated to the patient in addition to being marked to the ward generally.

The services of the hairdresser on the female side are reflected in the neat appearance of the patients. They are the more valuable in a hospital of this character where any aid to the restoration of self-respect, or the preservation of it, is most desirable.

The Social Worker's duties are arranged so that she spends a large part of her time in the investigation of cases referred to her by the psychiatrist in charge of a particular team. The relatives of new patients are interviewed at the hospital and visits to patients' homes before their discharge or departure are paid where this is necessary and desirable. Miss Godfrey attends one Out-patient Clinic in addition to this work. It appeared to us that the best possible use of her services was made. It would be impracticable for a single Social Worker in a hospital of this size to carry out routine visitation of all homes, and the reports from local health authorities are found to be all that is required in most cases.

The extensive Group Rehabilitation Scheme for both male and female patients has already been described in a previous entry. The work includes Occupational Therapy, Physical Training, Games, Education, and Utility Work. Patients pass through the various grades until they are able to do a full time useful occupation without supervision. There are two handicraft instructors on the male side, while on the female side an occupation therapist from the Huyton School of Occupation Therapy together with an assistant and four or five students give seven half-days a week to the work. Subsidiary groups of patients are also occupied in several wards at various handicrafts, and there are physical training classes, games, and educational classes in selected wards.

As part of the Rehabilitation Scheme the Education Officers conduct talks and discussions on various topics including current affairs, give general knowledge instruction, hold art appreciation classes, and organise debates. The Hospital is fortunate in possessing an extensive library of some 18,000 volumes classified in various subsections. It is housed in rooms adjacent to those used as class-rooms by the Education Officers.

Valuable work is done by the two physical training instructors who continue to hold classes for patients in the various groups throughout the day. In order to maintain the services in this Department to the fullest extent the need for an additional instructor on each side is felt.

The programme of games includes football matches, cricket matches in the summer, bowls (for which there are six greens including one for women) and in-door games, such as whist and domino drives. There is also a golf course on the estate. A full programme of dances, cinema shows and concerts form part of this hospital's many activities.

The patients' Friendship Club continues to be popular and has a membership limited to a hundred patients. It conducts its own affairs and meets twice a week in the Education Centre or in the Hall. Guest nights to which patients may invite their relatives take place from time to time.

We were glad to learn that a Guest Room for female nurses has been allocated, and that the Social Club Rooms may now be used six nights a week by nurses from both sides of the Hospital.

The mortality rate for 1948 was the low one of 4.3% a figure which compares well with the mean death-rate of 6.33% for all former county and borough mental hospitals. During that year 90 patients died (45 of each sex). Post-mortem examinations were performed in twelve cases only. With regard to the actual causes of death, we may mention that 42 patients died from heart-disease, 13 from tuber-

culosis, and 2 from typhoid fever, but we have no comment to make regarding any of the other conditions which proved fatal.

Since the last visit, 6 patients have been the subjects of inquests. A verdict of death from natural causes was returned in two instances, while the other four deaths were ascribed to misadventure, the circumstances having been reported to our Board at the time.

During the period under review 39 patients have sustained fractures, and there have been 4 dislocations. Twenty-seven of these injuries were due to falls or to other accidental causes; seven took place during altercations with fellow patients, four occurred in epileptic fits, two followed electric convulsions, one was caused during a period of excitement, while in another case the patient concerned was thought to have beaten his hands against the bedstead and to have fractured a small bone in a finger. In the remaining case the cause of the injury was unknown. X-Ray examination was employed to confirm the diagnosis in all but two cases. In addition, a patient cut the tendons of his forearm by breaking a window.

Last year 37 cases of tuberculosis were notified (18 males and 19 females), and a further 19 men and 12 women were notified this year. At the present time 40 men and 36 women remain under treatment for this disease. Patients are segregated in two detached wards, one on each side, where, although there is no verandah, there is adequate cross-ventilation. The Tuberculosis Officer visits monthly and advises regarding treatment. Patients are X-Rayed every three months, or more frequently if necessary. When the condition has become inactive, patients are not as a rule sent back to other wards until at least a year has elapsed. All patients are X-Rayed on admission to the hospital and all long-term patients are X-Rayed every two years. This may be modified shortly to every year for the younger patients and every three years for the older ones. All

patients' weights are recorded monthly, and any significant losses are followed by an examination of the blood sedimentation rate and an X-Ray of the chest. The staff who work in the wards for tuberculosis patients are given a Mantoux Test before they take up duty and an X-Ray examination every six months. They remain in these wards for a few months only, except for the Sister and the Deputy Sister who do a few years. Gowns and sterile masks are provided for the use of the staff.

Last year 8 cases of dysentery were notified but some of these were recurrences, and there were 3 female cases in the enteric group. One case of dysentery was notified this year on the female side and there was a case of typhoid on the male side. With regard to dysentery, when a case arises all patients in the same ward are given a course of Sulfasuxidine, and no case is taken off caution card until twenty-six consecutive weekly examinations have been made with negative results. Eight typhoid carriers remain in F.3Up. Ward, and they are segregated from the others as far as possible by using part of a dormitory as their dining and sitting-room. Bacteriological examinations are made every day for a week at fortnightly intervals, and no case is pronounced clear of infection until a year's negative results have been obtained. The Hospital Laboratory does useful work in this sphere, and among other tests new patients undergo a bacteriological examination of the intestinal contents, and the Widal reaction is determined.

At the time of our visit 336 patients (126 men and 210 women) were under-going treatment in bed. Special forms of treatment include electric convulsions, group psychotherapy, deep insulin coma which is given in a small unit of ten beds on the male side only, and modified insulin which is carried out on both sides of the Hospital.

Winwick has become a centre for the operation of pre-frontal leucotomy, patients from Rainhill and Upton Hospitals also being received here for this operation, after which they are returned to their own hospitals.

Up to October 30th, 1949, 294 examinations had been carried out in the Electro-encephalographic Department.

Out-patient Clinics are held at Warrington Infirmary by two doctors at two sessions each week, at the Warrington General Hospital by one doctor at two sessions, and at Mill Road Hospital, Liverpool, by one doctor once a week.

We have received, as always, every assistance in the course of our visit from Dr. Nicole and the members of the Staff who have accompanied us or furnished information for us. Dr. Harrison continues to act as Deputy Medical Superintendent. The assistant Medical Officers are Dr. Fleming, Dr. Robinson, Dr. Norah Brown, Dr. Bates, Dr. Mason, Dr. Smith, Dr. Moody, Dr. Whelehan, Dr. Finklestein and Dr. Campbell. There are two House Physicians.

H. R. GREEN,

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